

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Josh Smith  
Name

(2) 1606 Knotty Pine Ave.  
Address (number and street)

North Port FL 34288  
City, State, Zip Code

**OFFICE USE ONLY**

CITY CLERK

29 AUG'24 PM 1:57:45

CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: City Commission District 2

- Political Committee (PC)  Check here if PC or ECO has disbanded
- Electioneering Communications Org. (ECO)  Check here if PTY has disbanded
- Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 8 / 16 / 24 To 8 / 23 / 24 Report Type: GI

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 0.00 \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 0.00 \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 2,225.00 \_\_\_\_\_

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,123.45 \_\_\_\_\_

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Kristin Smith

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

(Type name) Josh Smith

Candidate  Chairperson (only for PC and PTY)

x Kristin Smith

Signature

x [Signature]

Signature